WASHINGTON SQUARE DENTAL GROUP
Kori L. Darling, DDS - Anne X. Truong, DDS - Lauren A. Lubowitz, DMD - Mark D. Horowitz, DDS
2 Fifth Avenue, Suite 4 – New York, NY 10011 Tel: (212) 674-4011
Email: washingtonsquaredentalgroupnyc@gmail.com
Web: www.washingtonsquaredentalgroup.com

REQUEST TO RELEASE DENTAL RECORDS AND X-RAYS

Date: _____

Patient Name: _____

To Whom It May Concern,

I, _____ hereby authorize the release of my dental records and x-rays. Please send them to the offices of:

Washington Square Dental Group
Dr. Kori Darling – Dr. Anne Truong – Dr. Lauren Lubowitz – Dr. Mark Horowitz
2 Fifth Avenue, Suite 4 – New York, N.Y. 10011

Note: Please send e-mails containing x-rays in JPEG/DEXIS formats only to washingtonsquaredentalgroupnyc@gmail.com

If there are any questions, please give me a call at: _____

Sincerely,

_____
Patient Signature